



State of Rhode Island  
**Department of State - Business Services Division**

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FOR  
 SECRETARY OF STATE  
 USE ONLY

**Statement of Change of Registered Office**  
 DOMESTIC or FOREIGN Non-Profit Corporation

→ No Filing Fee

Pursuant to the provisions of RIGL 7-6-13(d) or 7-6-78(d) the undersigned submits the following statement for the purpose of changing its registered office **ONLY** in the State of Rhode Island:

1. Entity ID Number 883776		2. Exact Name of the Corporation Liberian Community Advocacy Union of Rhode Island (LCARI) (LCARI)	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 807 FORWARD ST. Suite 213 BOX 25			
City/Town Providence	State RHODE ISLAND	Zip 02905	
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 16 Miller Avenue			
City/Town Providence	State RHODE ISLAND	Zip 02905	
5. Date when the Change of Registered Office will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing)			
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).			
7. If recorded by the corporation, the change was authorized by a resolution duly adopted by its board of directors.			
Under penalty of perjury, I declare and affirm that I have examined these Statement of Change of Registered Office, and that all statements contained herein are true and correct.			
Name of the Registered Agent/President or Vice President of the Corporation Nellie S. Francis		Date 4/14/2023	
Signature of the Registered Agent/President or Vice President of the Corporation 			

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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APR 14 2023

BY KIDSX

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 FORM 641A - Revised 12/2021